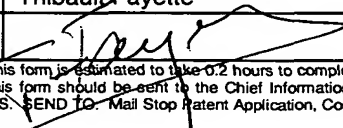


Please type a plus sign (+) inside this box → [+]

PTO/SB/05 (06/03)
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. CM2656M		
	First Inventor A. Wong et al.		
	Assignee	The Procter & Gamble Company	
	Title	Low Density, High Loft Nonwoven Substrates	
	Express Mail Label No.	EU563207019US	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification Total Pages [33+abstract] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [13]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration Total pages [6] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 complete)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u> </u> Prior application information: Examiner: <u> </u> Group/Art Unit: <u> </u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> English Translation Document (if applicable)	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations	
<input checked="" type="checkbox"/> Customer Number		12. <input type="checkbox"/> Preliminary Amendment	
(Insert Customer No. here)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
27752		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	

Name (Print/Type)	Thibault Fayette		
Signature		Date	August 27, 2003

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
(Revised for P&G use 7/17/2003)



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number	NOT YET ASSIGNED
Confirmation Number	NOT YET ASSIGNED
Filing Date	August 27, 2003
First Named Inventor	A. Wong et al.
Examiner Name	NOT YET ASSIGNED
Group/Art Unit	NOT YET ASSIGNED
Attorney Docket No.	CM2656M

TOTAL AMOUNT OF PAYMENT (\$1,002.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	[750]
1002 330	Design filing fee	[]
1004 750	Reissue filing fee	[]
1005 160	Provisional filing fee	[]

SUBTOTAL (1) (\$)[750]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

		Extra Claims	Fee from Below	Fee Paid
Total Claims	[34] - 20** =	[14] x	[18]	= [252]

Independent Claims [1] - 3** = [0] x [84] = [0]

Multiple Dependent [] = []

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 84	Independent claims in excess of 3
1203 280	Multiple dependent claim, if not paid
1204 84	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent


SUBTOTAL (2) (\$)[252]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	[]
1052 50	Surcharge-late provisional filing fee or cover sheet	[]
1053 130	Non-English specification	[]
1812 2,520	For filing a request for <i>ex parte</i> reexamination	[]
1804 920*	Requesting publication of SIR prior to Examiner's action	[]
1805 1,840*	Requesting publication of SIR after Examiner's action	[]
1251 110	Extension for reply within 1 st month	[]
1252 410	Extension for reply within 2 nd month	[]
1253 930	Extension for reply within 3 rd month	[]
1254 1,450	Extension for reply within 4 th month	[]
1255 1,970	Extension for reply within 5 th month	[]
1401 320	Notice of Appeal	[]
1402 320	Filing a brief in support of an appeal	[]
1403 280	Request for oral hearing	[]
1451 1,510	Petition to institute a public use proceeding	[]
1452 110	Petition to revive - unavoidable	[]
1453 1,300	Petition to revive - unintentional	[]
1501 1,300	Utility issue fee (or reissue)	[]
1502 470	Design issue fee	[]
1460 130	Petitions to the Commissioner	[]
1807 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	[]
1806 180	Submission of Information Disclosure Statement	[]
1809 750	Filing a submission after final rejection (37 CFR § 1.129(a))	[]
1810 750	For each additional invention to be examined (37 CFR §1.129(b))	[]
1801 750	Request for Continued Examination (RCE)	[]
1802 900	Request for expedited examination of a design application	[]
1454 1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	[]
	Other fee (specify) _____	[]
	Other fee (specify) _____	[]

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$)[0]

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thibault Fayette	Telephone	(513) 627-4593
Signature		Date	August 27, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.